KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
**Form must be Typed**
**Form must be completed on a per well basis**

# ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

***Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.***

OPERATOR: License # 5050
Name: Hummon Corporation
Address 1: PO BOX 365
Address 2:
City: MEDICINE LODGE State: KS Zip: 67104 + __ __ __ __
Contact Person: Tyler Bell
Phone: ( 620 ) 930-2645
Lease Name: SMITH INJ
Well Number: 2-35

API No.: 15-007-21661-00-01
Permit No: E27973.2
Reporting Year: 2017
(January 1 to December 31)

NW - SE - NE - SW Sec. 35 Twp. 31 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
1975 feet from ☐ N / ☑ S Line of Section
3190 feet from ☑ E / ☐ W Line of Section
County: Barber

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: _____ mg/l Specific Gravity: _____ Additives: _____
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 300 psi Injection Zone: DOUGLAS
Maximum Authorized Injection Rate: 2800 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 1740 | 0 | 0 | | 31 |
| February | 4620 | 0 | 0 | | 28 |
| March | 5115 | 0 | 00 | | 31 |
| April | 4950 | 0 | 0 | | 30 |
| May | 10965 | 0 | 0 | | 31 |
| June | 3950 | 0 | 0 | | 30 |
| July | 5115 | 0 | 0 | | 31 |
| August | 4965 | 0 | 0 | | 31 |
| September | 5350 | 0 | 0 | | 30 |
| October | 5735 | 0 | 0 | | 31 |
| November | 5260 | 0 | 0 | | 30 |
| December | 5620 | 0 | 0 | | 31 |
| ***TOTAL*** | 63385 | | 0 | | |

Submitted Electronically